

Sample Data Entry Form Header Sheet

Missouri Enhanced Sampling Program (ESP)		
<i>HEADER SHEET</i>		
INSTRUCTIONS		
<ul style="list-style-type: none"> Type or print information legibly Complete one cover sheet for each company's data submitted. Data element definitions and specifications are found in the "<i>Missouri Enhanced Sampling Program (ESP) User's Guide.</i>" ALL <u>dates</u> are in CCYYMMDD format, e.g., 20040531. Mail completed form to: <div style="margin-left: 40px;"> Department of Revenue ATTN: Enhanced Sampling Program P. O. Box 3366 301 W. High Street Room 270 Jefferson City, MO 65105 </div> 		
INSURANCE COMPANY INFORMATION		
Insurance Company Name (As shown in the NAIC table.)	1. NAIC Number (NAIC table)	
2. Insurance Company Address (25 A/N)		
3. Insurance Company Address (25 A/N)		
4. City (25 A/N)	5. State (2 A)	6. Zip Code (9 N)
REPORTING DATES		
7. Beginning Reporting Period	8. Ending Reporting Period	9. Transmission Date
SUBMISSION INFORMATION		
10. Number of data sheets submitted (no more than 100 policies)		11. Date Mailed
CONTACT INFORMATION		
13. Contact Person's Name		14. Position
15. Telephone Number () --	16. E-Mail Address	17. FAX Number () --
RESERVED FOR STATE USE		
Date Received	Date Processed	1.1. Processing Code
Number Processed	Number of Sheets in Error (see returned sheets)	